



WEST POTOMAC HIGH SCHOOL STUDENT SERVICES DEPARTMENT

FORMER STUDENT TRANSCRIPT REQUEST FORM

Complete the form below if you have graduated within five (5) previous years, are 18 years or older, and return to the Transcript Assistant at WPHS. Allow five (5) school days for processing your request. You must scan the front of your driver's license or copy any official government issued ID for verification.

Student records are maintained at WPHS for five (5) years only. If you have graduated or withdrew more than five (5) years ago, contact the Registrar, Wilton Woods Center, 703.329.7666.

There is a \$5.00 processing fee for each request. Please request the link from Ms. Hofmann at eahofmann@fcps.edu in order to make payment via **credit card, debit card** or **eCheck**, .

Name While Attending West Potomac High School

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial \_\_\_\_\_

Current Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Graduation Date/Year: \_\_\_\_\_ Reason for Request: \_\_\_\_\_

Your signature on this form gives WPHS permission for all transcripts to be released to any schools or organizations request by the student.

"I hereby authorize WPHS to forward information from my official record to colleges, scholarship organizations, or any prospective employers indicated below."

Student Name (print) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Name of School: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_